

VOCA CLIENT DATA WORKSHEET

INSTRUCTIONS: Enter all information that is appropriate for each client--primary victims and significant others. Some information will only need to be filled out once. The form can be used for each contact or it can be used to record services by quarter. This worksheet is for the agency's internal use and should only be utilized to assist programs in compiling data necessary for the quarterly statistical performance report. The worksheets are not to be submitted to MOVA.

PLEASE NOTE: The quarterly statistical performance report has all of the definitions for types of services provided, referrals made to and received from, type of crime and mandated reports. Please refer to these definitions if you need guidance on what to check off.

Client Name/ID#: _____ **Date:** ____/____/____

Age of Client: _____ **Type of Client:** _____ Primary Victim
_____ Significant Other

Gender: _____ Female
_____ Male

Current Quarter:

Client Status This Quarter:

____ July - Sept. (1)	____ New Face to Face	____ Ongoing Face to Face
____ Oct. - Dec. (2)	____ New Telephone	____ Ongoing Telephone
____ Jan. - Mar. (3)	____ New Hotline	____ Ongoing Hotline
____ April - June (4)		

Services Provided to this Client:

Referrals Made to and Received on Behalf of Client

	TO	FROM
____ Counseling	<u>XXX</u> Self/Family	____
____ Follow-up	____ Non-VOCA Staff within agency	____
____ Hotline	____ Police	____
____ Therapy	____ Victim Witness Assistance Prog.	____
____ Group Treatment/Support	____ Court Personnel	____
____ Shelter/Safe House	____ Legal Services	____
____ Assistance with Victim Compensation	____ Victim Compensation	____
____ Criminal Justice Support/Advocacy	____ VWAB/MOVA	____
____ Emergency Legal Advocacy	____ Shelter/Safe Home	____
	____ Social Services	____
____ Medical Advocacy	____ Mental Health Agency/Facility	____
____ Personal Advocacy	____ Other Victim Service Agencies	____
____ Emergency Financial Assistance	____ Medical Services	____
____ Information & Referral (in-person)	____ Substance Abuse Programs	____
____ Information & Referral (telephone)	____ Schools	____
____ Other (specify):	____ Religious Organizations	____
_____	____ Program Outreach/Media	____
_____	<u>XXX</u> Brochure	____
_____	____ Not Known	____
	____ Other (specify):	____

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Type of Crime:

Count each crime committed that is relevant to services provided. For all new clients and newly disclosed crimes for ongoing clients.

- ☐ Homicide (not vehicular)
- ☐ Motor Vehicular Homicide
- ☐ Assault
- ☐ Robbery
- ☐ Domestic Violence
- ☐ Adult Sexual Assault
- ☐ Adult Survivor of Incest or Child Sexual Abuse
- ☐ Adult Survivor of Child Physical Abuse
- ☐ Child Sexual Abuse
- ☐ Child Physical Abuse
- ☐ Abuse of Disabled Person
- ☐ Elder Abuse (Ages 60 +)
- ☐ Violation of a Protective Order (209A)
- ☐ DUI/DWI
- ☐ Hate Motivated Crimes
- ☐ Political Trauma
- ☐ Other (specify)

Race/National Origin:

- ☐ Black
- ☐ Caucasian
- ☐ Hispanic/Latino
- ☐ Bi-Racial
- ☐ Cape Verdean
- ☐ Haitian
- ☐ Portuguese/Azores
- ☐ Asian/Pacific Islander
- ☐ Native American/Alaskan Native
- ☐ Other (specify)

Disability:

- ☐ Yes
- ☐ No
- ☐ Unknown

Notes: